

Case Number:	CM14-0074420		
Date Assigned:	07/16/2014	Date of Injury:	03/25/2012
Decision Date:	09/19/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/21/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records presented for review indicate that this 54-year-old female was reportedly injured on March 25, 2012. The mechanism of injury is noted as injuring the lower back while taking out the trash. The most recent progress note, dated April 28, 2014, indicates that there are ongoing complaints of right hand pain. There was stated to be difficulty with flexion and extension of the fingers and the inability to make a fist with the right hand. Current medications include antidepressant medications as well as Alice second and tramadol. The physical examination demonstrated tenderness of the right hand and decreased range of motion of the little finger with flexion and extension. A previous surgical scar was noted to be well healed. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes acupuncture and a left lateral epicondyles injection. A request had been made for EXT pharmacological management and was not certified in the pre-authorization process on April 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

EXT Pharmacological management: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition

(2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: A review of the attached medical records indicates that the injured employee is now under the care of an internist who was stated to be managing all of her medications. Considering this, this request for EXT pharmacological management is not medically necessary.